



DEPARTMENT OF CORRECTIONS  
CHARLESTON CORRECTIONAL FACILITY  
CHARLESTON, MAINE

**CORRECTIONAL OFFICER VACANCIES**

**1 Existing Vacancy, 1 Anticipated Vacancy**

**Open to Current Dept. of Corrections Employees Only**

Date: 6/8/2012	Expires: 6/22/2012
Classification: Correctional Officer	Job Class Code: 5207
Pay Grade: 16 AFSCME Bargaining Unit "C"	Pay Range: \$13.57-17.63 + \$1.00 direct care

Value of State Paid Health and Dental Insurance

Level 2:	95% State Contribution (employee pays 5%)	\$359.27 bi-weekly
Level 3:	90% State Contribution (employee pays 10%)	\$341.08 bi-weekly
Level 4:	85% State Contribution (employee pays 15%)	\$322.89 bi-weekly

\*The level of actual value of state paid Health Insurance will be based on the employee's wage rate and status with regard to the health credit premium as of July 1<sup>st</sup>, 2011. Value of State Paid Dental Insurance: \$13.69 bi-weekly, Value of State's share of Employee's Retirement: 17.87%

**DESCRIPTION:**

This position is responsible for the custody, security, discipline, treatment, and rehabilitation of persons committed to an adult correctional facility. Work includes monitoring prisoner behavior, directing and overseeing prisoner activities, implementing treatment strategies, enforcing prisoner discipline, and preparing prisoner behavior and incident reports.

To be successful in this field, you will need to have knowledge and abilities in areas such as:

- Prisoner motivation and psychology
- Prisoner rehabilitation and treatment programs
- Correctional institution rules, regulations, policies, and procedures
- Ability to handle critical and stressful situations
- Ability to make decisions and act quickly in emergency and dangerous situations
- Ability to model appropriate behavior, attitude, ethics, and morals
- Ability to utilize standard desktop computer technology (e.g. word processing, spreadsheets, databases, internet, e-mail)

**MINIMUM QUALIFICATIONS:**

**Graduation from high school or equivalent.**

**LICENSING/REGISTRATION/CERTIFICATION REQUIREMENTS:**

**Certification of completion of the 80 hour Basic Corrections Training Course. (Employer-provided upon hire)**  
**Possession of a valid Maine driver's license.**

**HOW TO APPLY:** Obtain applications at [www.maine.gov/corrections/Career/](http://www.maine.gov/corrections/Career/) or at MVYDC

Submit to Christine Conlogue, Personnel Officer, Mountain View Youth Development Center, 1182 Dover Rd, Charleston, Maine 04422 Phone 285-0818 FAX: 285-0836 [christine.e.conlogue@maine.gov](mailto:christine.e.conlogue@maine.gov)

# CORRECTIONAL OFFICER

Public Safety & Corrections  
Corrections  
Adult  
Worker

5207  
PSC1034102  
Range 16  
1106

DESCRIPTION: This is investigative and protective services work involving the custody, security, discipline, treatment, and rehabilitation of persons committed to an adult correctional facility. Work includes monitoring prisoner behavior, directing and overseeing prisoner activities, participating in the development and implementation of treatment strategies, integrating daily activities with treatment goals, enforcing prisoner discipline, and preparing prisoner behavior and incident reports. Collateral duties are defined by the option (e.g. Cook, Trades Instructor, Retail Store, Supplies). Work is performed under general supervision.

REPRESENTATIVE TASKS: *(A position may not be assigned all the duties listed, nor do the listed examples include all the duties that may be assigned).*

- Observes, monitors, controls, and evaluates the activity and movement of prisoners within a specified area in order to ensure observance of institutional rules and to ensure security and safety.
- Communicates behavioral observations to treatment teams and makes recommendations relative to corrective actions in order to participate in treatment strategy development and implementation.
- Counsels and advises prisoners regarding personal matters, institutional rules and regulations, health and safety standards, and treatment strategies in order to maintain order and assist prisoners in adjusting to institutional life.
- Intervenes in and controls acts of negative behavior and violence using physical force, restraints, firearms, chemical weapons, and other methods in order to ensure and maintain order and security.
- Evaluates potential problems as well as emergency situations and takes corrective action in order to maintain order and security.
- Serves as a fully participating, voting member of the Unit Management treatment team and is directly responsible for making decisions regarding transfers, classification status, and job assignments in order to assist in the rehabilitative process and ensure effectiveness of unit operations.
- Assists in the implementation of special treatment programs and on-site educational programs in order to participate in prisoner rehabilitation and treatment.
- Investigates and reports violations of institutional rules to supervisory officers in order to provide information and ensure and maintain safety and security.
- Assigns, directs, and oversees prisoners in various job assignments including but not limited to food preparation; ordering, receiving, storing, and issuing supplies; and retail store work in order to provide training, participate in prisoner rehabilitation, and ensure proper security.
- Instructs and teaches prisoners trade skills and work methods in order to develop job skills and prepare prisoners for work outside the institution upon release.
- Provides on-the-job training to officers, serves as job coach over entry-level staff during the job training period, and makes reports to supervisor in order to assist in the training, direction, and oversight of lower-level staff.

KNOWLEDGES, SKILLS, AND ABILITIES REQUIRED: *(These are required to successfully perform the work assigned).*

- Knowledge of prisoner motivation and psychology.
- Knowledge of problems associated with institutional life.
- Knowledge of prisoner rehabilitation and treatment programs.
- Knowledge of correctional institution rules, regulations, policies, and procedures.

- Ability to understand and follow instructions.
- Ability to interpret and enforce correctional center rules, regulations, policies, practices, and procedures.
- Ability to perform various strenuous duties such as climbing stairs and/or escorting unruly inmates.
- Ability to stand for long periods of time.
- Ability to communicate effectively orally and in writing.
- Ability to handle critical and stressful situations.
- Ability to read and perform basic math functions.
- Ability to observe situations and behavior in detail.
- Ability to make decisions and act quickly in emergency and dangerous situations.
- Ability to model appropriate behavior, attitude, ethics, and morals.
- Ability to utilize standard desktop computer technology (e.g. word processing, spreadsheets, databases, internet, e-mail).

MINIMUM QUALIFICATIONS: *(Entry level knowledges, skills, and/or abilities may be acquired through, BUT ARE NOT LIMITED TO the following coursework/training and/or experience).*

Graduation from high school or equivalent. Some positions, based upon option, may require background education and/or experience in an appropriate field (e.g. food preparation; skilled trade/training experience; retail experience; supply room experience).

LICENSING/REGISTRATION/CERTIFICATION REQUIREMENTS: *(These must be met by all employees prior to attaining permanent status in this class).*

Certification of completion of the 80 hour Basic Corrections Training Course.

Possession of a valid Maine driver's license.

EXAM PLAN: *(This must be successfully completed by all employees prior to attaining permanent status in this class).* Direct Hire.

## **APPLICATION INSTRUCTIONS**

It is important that applications be filled out legibly and completely. The application, supplemental questionnaire, background check, and three reference inquiry forms must be completed and returned to the Charleston Correctional Facility by the application deadline.

If you are using **military experience** as part of your employment record, we request a copy of your DD-214 for confirmation.

When describing your **education** all information above the eighth grade should be detailed, showing schools attended, diplomas awarded and the year in which the award was received.

**Employment** should be listed in reverse sequence, starting with your current job and going back to your first job after completion of schooling. Volunteer work is accepted, be sure to provide length and hours per week of assignments. Periods of unemployment, military service, and self-employment should be included. Sufficient detail must be given to adequately describe your experience. If additional space is needed, you may continue in the same format on another sheet of paper. A resume can be included, but will NOT substitute for completion of the application form.

The **Background Standard Form** must be completed and signed. It will be used to investigate your background through the State Bureau of Investigation, the Maine Warden Service, and the Department of Motor Vehicles. Applicants will not be scheduled for final interview until these checks have been completed.

Complete the top section only of the **Reference Inquiry Forms** to authorize release of information, indicating the names and mailing addresses of employers. The forms should be dated, signed, and returned to us with your application package. We will initiate employment references inquiries. Your present and previous employer(s) will be contacted unless you request us not to do so.

Please keep us informed of any changes in address, telephone number, or employment subsequent to submission of your application. If we attempt to communicate with you and cannot do so for a ten day period, your application will be removed from our active file.

**Reminder:** Any incomplete forms or application package will not be considered for further processing. Also, all supplemental and supporting documents should be copied as these will not be returned to you.

Return to: Christine Conlogue, Personnel Department  
Mountain View Youth Development Center  
1182 Dover Road  
Charleston, ME 04422  
Telephone: (207) 285-0818  
FAX: (207) 285-0836  
[Christine.e.conlogue@maine.gov](mailto:Christine.e.conlogue@maine.gov)



State of Maine  
(An Equal Opportunity Employer)

Employment Application  
(revised February 2011)

Last Name		First Name		M.I.	Social Security Number
Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is that name? Name #1 _____ Name #2 _____ Name #3 _____ Name #4 _____					
Mailing Address			Town	State	ZIP Code
Home Phone #		Work Phone #		Email Address	
Title of the Job You're Applying For Correctional Officer					Job Class Code 5207
<b>Veteran's Preference:</b> See pamphlet "Veteran's Preference in Maine State Service" or go to <a href="http://www.maine.gov/state_jobs/veteran.htm">www.maine.gov/state_jobs/veteran.htm</a> for more information. Provide DD214 and disability forms if applicable. <input type="checkbox"/> Not Claimed <input type="checkbox"/> 5 Points (Requires DD214) <input type="checkbox"/> 10 Points (Requires DD214 and VA Statement of Disability)					
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a present or former Maine State employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Department		Job Title		Begin Date	End Date
Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays					
Do you have a current Maine driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C					
Are you willing to travel on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to use your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No What shifts are you willing to work? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>					
<b>ADMINISTRATIVE SKILLS</b> (subject to formal testing and work sampling) WORDS PER MINUTE Typewriter: _____ Keyboarding: _____					
<b>FOREIGN LANGUAGE SKILLS</b> Language _____ Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Language _____ Speak <input type="checkbox"/> Read <input type="checkbox"/>					

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Geographic Preference

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time      P = Part Time      T = Temporary      S=Seasonal

		F	P	T	S			F	P	T	S			F	P	T	S
0	All Counties					21	Hancock					42	Piscataquis				
1	Androscoggin					22	Bar Harbor					43	Dover-Foxcroft				
2	Lewiston					23	Bucksport					44	Greenville				
3	Livermore					24	Ellsworth					45	Sagadahoc				
4	Aroostook					25	Kennebec					46	Bath				
5	Ashland					26	Augusta					48	Somerset				
6	Caribou					27	Augusta-RPC					49	Skowhegan				
7	Fort Kent					28	Waterville					50	Waldo				
8	Houlton					29	Knox					51	Belfast				
9	Madawaska					30	Rockland					52	Washington				
10	Presque Isle					31	Thomaston					53	Bucks Harbor				
11	Van Buren					32	Lincoln					54	Calais				
12	Cumberland					33	Boothbay					55	Eastport				
13	Portland					34	Oxford					56	Machias				
14	Brunswick					35	Norway					57	York				
16	South Portland					36	Rumford					58	Biddeford				
17	Windham MCC					37	Penobscot					59	Kittery				
18	Franklin					38	Bangor					60	Saco				
19	Farmington					39	Bangor BMHI					61	Sanford				
20	Rangeley					40	Charleston										
						41	Millinocket										

## Education

Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	Degree Type
High School 1 2 3 4							
College or University 1 2 3 4							
Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

## Licenses, Certifications and Registrations

Name of License, Registration or Certification	License Number	State of Issue	Expiration Date

## Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

<b>Employer #1</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
Reason for Leaving: _____	
<b>Employer #2</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	

<b>Employer #3</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #4</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #5</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #6</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	



<b>Employer #7</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #8</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #9</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #10</b>	From (mm/yy): _____ To (mm/yy): _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	

**The State of Maine conducts background checks.**

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicants for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.

Please print your answer (either "Yes" or "No") in the space provided: \_\_\_\_\_

If yes, please list: Offense(s)

Date of Conviction(s)

_____	_____
_____	_____
_____	_____
_____	_____

Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

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**Please read and sign the following statement:** I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources or its assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT INFORMATION SURVEY**

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is CONFIDENTIAL. The page will be removed from your application prior to review and destroyed after data compilation.

**RACIAL/ETHNIC DEFINITIONS**

0. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.

2. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

6. OTHER

☐

1. I have read the paragraph above and do not wish to provide the information.

2. Enter your date of birth  
(month) (day) (year)

☐

3. Enter your racial/ethnic group code number  
(refer to definitions at left)

☐

4. What is your sex? A. Female B. Male

**DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:**

(The requirements are different from State Veterans Preference)

VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)**

☐

5. Vietnam Era Veteran

☐

6. Disabled Veteran

**DEFINITION FOR DISABILITY**

Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)**

☐

7. Have a disability as defined

☐

8. Interview accommodations may be necessary due to a disability

SUPPLEMENTAL QUESTIONS  
CHARLESTON CORRECTIONAL FACILITY  
*CORRECTIONAL OFFICER*

**Please take the time to thoroughly explain your responses to the following questions.**

1. Why do you want to work as a Correctional Officer at Charleston Correctional Facility?
2. Do you have a career goal(s) in the corrections field?
3. Please tell us about any experience you have interacting with *prisoners/or anyone else which* might enhance your performance as a *Correctional Officer*.
4. Would you have a problem dealing with any particular type of offender?
5. Is there any part of this job, as you understand it, which you might be unwilling to do?
6. Do you know anyone who is a current or former prisoner/ /probationer/or otherwise been in the custody or under the supervision of the Maine Department of Corrections?
7. Have you ever been a supervisor? When? Where? Explain what you did.
8. How did you hear about this position?
9. When are you available to begin?
10. *If this is an adult facility position:* Do you have experience using firearms?
11. Please list all other names you have ever used.
12. Please list your residences for the past 10 years.
13. Can you perform the duties of this position, with or without accommodation?

BACKGROUND CHECK FOR EMPLOYMENT IN THE MAINE DEPARTMENT OF CORRECTIONS

*CHARLESTON CORRECTIONAL FACILITY*  
*Correctional Officer*

IN ORDER TO PROCESS YOUR APPLICATION FOR A POSITION AT CHARLESTON CORRECTIONAL FACILITY, THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK WHICH INCLUDES THE FOLLOWING:

- Department of Corrections records
- Motor Vehicle records
- Law enforcement records
- Maine State Bureau of Identification
- Federal Bureau of Identification

ANY CRIMINAL CONVICTION AND/OR JUVENILE ADJUDICATION MAY DISQUALIFY YOU FROM CONSIDERATION FOR THE CORRECTIONAL OFFICER POSITION.

This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OAs committed as an Adult and/or as a Juvenile.

**HAVE YOU EVER BEEN CONVICTED OR ADJUDICATED OF ANY CRIME?**

     Yes           No

**If YES, please explain:**

**This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Failure to disclose any of the above may be cause for disqualification and/or termination of your employment.

STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described above.

Correction Officer

Title of Position

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/specify State

PHYSICAL APTITUDE TEST  
Charleston Correctional Facility  
Correctional Officer

Justification: Correctional Officer is expected, as part of routine, to respond to emergency situations within the facility in an alert and appropriate fashion. In responding to a given situation it may be necessary to carry and operate fire retardant equipment and remove inmates or staff from areas within the physical structure of the facility.

The following test has been devised to test Correctional Officer applicants in their ability to follow instructions, alertness and ability to act quickly in an emergency, ability to climb stairs, and ability to perform various strenuous duties.

Considerations: Ability to follow instructions, coordination, alertness, strength and dexterity.

Test Area: The test will be administered in the Charleston Correctional Facility.

Equipment Required: Applicant is advised to bring a pair of sneakers or soft-soled shoes for use on the tiled floor, and to wear loose, casual clothing.

Explanation/Instruction: The applicant will be verbally instructed as to the test route, techniques for maneuvering the duffel bag and fire extinguisher, and approximate time the test should take. The applicant will be given the opportunity to “walk through” the test route according to the itinerary outlined below.

Simulated Rescue Description:

1. The test begins at the entrance to the gymnasium
2. The applicant will pick up the 35 LB fire extinguisher.
3. The applicant will make 5 revolutions around the perimeter of the gymnasium carrying the fire extinguisher (fast walking pace)
4. The applicant will then go through the gymnasium door, walk down the hall, right at the corner, turn right at the next corner, and ascend the flight of stairs while still carrying the fire extinguisher.
5. The applicant will turn around and descend the stairs and proceed back through the gymnasium door while still carrying the fire extinguisher.
6. The applicant will place the extinguisher on the floor.
7. The applicant then picks up the 70 LB duffel bag placed near the door, walk down the hall, turn right at the corner, walk to the Canteen Office, turn around and proceed back through the gymnasium door while still carrying the duffel bag
8. The above test must be completed within a prescribed period of time.

This test may be modified in certain areas such as specific route, direction or locking mechanisms, but will contain the same essential requirements of running, climbing stairs, and strenuous exertion.

MEDICAL AUTHORIZATION FOR  
CHARLESTON CORRECTIONAL FACILITY  
PHYSICAL APTITUDE TEST

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Last Name	First Name	Middle Name	2. Date of Birth
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Home Address (Number, Street or RFD, City or Town, State and Zip Code)

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Name, Relationship and Address of Next of Kin

This person is being considered for a line staff security position with Charleston Correctional Facility. One of the phases of examination for this position is a Physical Aptitude Test. We have enclosed a description of the testing process to aid you in a cursory physical examination, which is required to determine if this applicant can safely participate in this strenuous physical exertion. If you feel that any of the duties may not be fully performed by the applicant, please specify below.

**The individual examined must pay the fee for your examination.**

An electrocardiogram is not required unless other examinations indicate such is desirable.

Chest x-ray, blood and RH factors are not necessary unless the facilities for affording the same are readily available to the examiner.

**The examining physician should answer the following question by circling the appropriate response:**

**Is this person qualified to perform the physical test, which includes strenuous physical exertion such as running, lifting, bending carrying and stair climbing.**      **Yes**      **No**

NOTE: If the answer is negative, please explain reasons and restrictions:

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Printed Name of Examining Physician and Address

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Signature of Examining Physician

Date

This Form Must Be Signed By Medical Provider Prior to Return

**REFERENCE INQUIRY FORM**  
**Charleston Correctional Facility**  
**Return 3 Reference Forms**

**Applicant's Section:**

Your Printed Name: \_\_\_\_\_

Position Applied For: Correctional Officer

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at Charleston Correctional Facility

\_\_\_\_\_  
Applicant's Signature Date

**Employer's Section:**

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you.

*Christine E. Conlogue*, Personnel Manager

Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Type of job (classification) \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:			Yes [ ]	No [ ]	
Did applicant work in harmony with fellow employees:			Yes [ ]	No [ ]	
Would you recommend applicant to us for employment:			Yes [ ]	No [ ]	

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason:

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Completed by:**

\_\_\_\_\_  
Signature and Title Date



**REFERENCE INQUIRY FORM**  
**Charleston Correctional Facility**  
**Return 3 Reference Forms**

**Applicant's Section:**

Your Printed Name: \_\_\_\_\_

Position Applied For: Correctional Officer

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at Charleston Correctional Facility

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Employer's Section:**

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential. Thank you.

*Christine E. Conlogue*, Personnel Manager

Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Type of job (classification) \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:			Yes	[ ]	No [ ]
Did applicant work in harmony with fellow employees:			Yes	[ ]	No [ ]
Would you recommend applicant to us for employment:			Yes	[ ]	No [ ]

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason:

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Completed by:**

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

**REFERENCE INQUIRY FORM**  
**Charleston Correctional Facility**  
**Return 3 Reference Forms**

**Applicant's Section:**

Your Printed Name: \_\_\_\_\_

Position Applied For: Correctional Officer

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at Charleston Correctional Facility

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

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	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:			Yes	[ ]	No [ ]
Did applicant work in harmony with fellow employees:			Yes	[ ]	No [ ]
Would you recommend applicant to us for employment:			Yes	[ ]	No [ ]

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

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Completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date